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FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER:	Rueter et al.

CAPTURE MANAGEMENT IMPROVEMENTS CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EL 798 October\_ 066 204 US, on this \_\_\_\_ 30th day of \_\_\_ Sue McCoy Printed Name We are transmitting herewith the attached: Patent Application Transmittal Total pages: 23\_(including claims and abstract: Spec. 20\_sheets; Claims 2\_sheets; Abstract 1\_ Total sheets: 12 ☐ forma! informal Combined Declaration and Power of Attorney: unexecuted copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. Accompanying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

	TIALLEIA	NG APPLICATION:	
IF A CON	IIINUIR	NG APPLICATION:	
[		Continuation Divisional of prior application No/	Continuation-in-part (CIP)
- [		Amend the specification by inserting before the ☐ division ☐ continuation in part	e first line the sentence: This application is a ☐ continuation of application number
Γ		Cancel in this application original claims	of the prior application before calculating the filing fee. e retained for filing purposes.)

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to:

	This application claims the benefit of U.S. Provisional Application(s) Serial No.(s), filed						
x	Address all future correspondence to:	Girma Wolde-Michael, Reg. No. 36,724 Medtronic, Inc., MS 301 7000 Central Avenue NE Minceapolis, Mincesota 55432 Telephone: (763)514-6402					

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	6	20	-	0	x 18	0
Independent Claims	4	3	-	1	x 84	84
Multiple Dependent Claims	0				+ 270	0
Basic Filing Fee						\$740.00
				"	TOTAL	824.00

Charge Deposit Account No. 13-2546 the sum of \$824.00 (Filing Fee) for a total of \$824.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2548. A duplicate of this transmittal is enclosed.

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